

# Michigan RAI/MDS System Facility Application

## Instructions

The facility administrator or their designate should fill out this form. The facility administrator must sign the request for user account and password and the confidentiality agreement.

The information you provide in this application will be stored on the state database. It will be used to verify your facility's identity during data transmissions. The administrator and the MDS Coordinator indicated here are the only people from your facility who are authorized to request confidential information from the database. Please keep a copy of this application, and update this information as often as necessary. Send any updates to the MDS Automation Coordinator, as indicated on the application.

## Items 1-22. Facility Information

**These items will become the facility contact information that is stored on the database. PLEASE KEEP THE FACILITY CONTACT INFORMATION CURRENT BY UPDATING THE MDS AUTOMATION COORDINATOR WHEN IT CHANGES.**

1. Write the name of your facility as it appears in your licensing application.
2. Write the name of the county in which your facility resides.
3. Write today's date.
- 4-7. Write your facility's physical address, city, state and zip code.
- 8-11. Write your facility's mailing address, city, state and zip code, if different from the physical address.
12. Write the facility's email address, if any.
13. Write the facility's fax number.
- 14-15. Write the facility administrator's name and phone number, with extension (if any).
- 16-17. Write the facility's computer technical contact person's name and phone number, with extension (if any).
- 18-19. Write the MDS Coordinator's name and phone number, with extension (if any).
- 20-21. Write the facility's Medicaid and Medicare ID numbers. If these are not known at this time, leave blank. When the facility Medicaid and Medicare ID numbers are known, update the MDS automation coordinator with this information.
22. Write the facility's MDS encoding software vendor's name or indicate that you are using RAVEN.

## Items 23-31. Computer Configuration and Readiness

**These items relate *only* to the computer that will be used to submit data to the MDS system.**

23. Check the box that indicates the version of the Windows operating system on the computer.
24. Write the browser name and version number. Please see the current MDS System Requirements, attached.
25. Indicate that the modem (minimum speed of 14.4 Kbps) and phone line have been tested by checking the box.
26. Circle the workstation processor type.
27. Write the amount (Mb) of RAM. Please see the current MDS System Requirements, attached.
28. Indicate whether the computer has a CD drive.
29. Indicate the amount of free disk space on the computer.
30. Indicate that you have arranged assistance from your MDS encoding software vendor during the setup and validation period.
31. Indicate the date of your first projected test submission.

## Item 32. Confidentiality Agreement

32. The facility administrator must sign and date the agreement that governs access to the Michigan MDS System.

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*Please return the completed and signed application form to:*

**Sheila Bonam, MDS Automation Coordinator**  
**MI. Dept. of Community Health**  
**Bureau of Health Systems, Division of Nursing Home Monitoring**  
**Cadillac Place**  
**3026 West Grand Boulevard, Suite 11-150**  
**P.O. Box 02981**  
**Detroit, MI 48260**

**Phone: (313) 456-0309**

**Fax: (313) 456-0348**

## Michigan RAI/MDS System Requirements

To comply with security requirements set forth by the Centers for Medicare & Medicaid Services, all Long Term Care Facilities will be required to meet the following system specifications in order to submit MDS data to their state.

Pentium III 500 Mhz or better processor with a Microsoft Windows 2000, or XP operating system. Thirty-two megabytes of RAM are required. Internet Explorer 6.0 SP2.

Please note that the browser versions indicated for the MDS System are old versions. Installing different versions (earlier or later) of the browsers could lead to errors when running the system.

	<b>Requirements for a Windows 2000 or XP environment:</b>
CPU	Pentium III (500 MHz)
Memory	256 Mb RAM (minimum)
Hard Drive	500 MB free space
Browser	Internet Explorer 5.5, with Service Pack 1 and Java Virtual Machine Updates

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*Please type or print*

## Items 1-22. Facility Information

1. Facility Name	2. County Name	3. Date
4. Address		
5. City	6. State	7. ZIP
8. Mailing Address (if different from above)		
9. City	10. State	11. ZIP
12. Email address	13. Facility FAX Number	
14. Facility Administrator	15. Phone/Extension	
16. Technical Contact	17. Phone/Extension	
18. MDS Contact	19. Phone/Extension	
20. Medicaid ID	21. Medicare ID	
22. MDS Software System Vendor		

## Items 23-31. Computer Configuration/Readiness Checklist

23. Windows Version (check one) Windows-NT/2000 (at least 256 RAM) <input type="checkbox"/> Windows XP (at least 256 RAM)	24. Browser Name and Version Number (see Instructions and System Requirements)
25. Working modem (at least 14.4-Kbps) and tested phone line <input type="checkbox"/>	26. Workstation processor (circle one) Pentium III Pentium IV Other _____
27. Mb of RAM (256 Mb Min item 23):	28. CD drive (recommended) <input type="checkbox"/>
29. Mb Free Disk Space (at least 500 Mb recommended):	30. Arrangements for vendor assistance during test submission <input type="checkbox"/>
31. Date of Projected Test Submission	

## Item 32. Confidentiality Agreement

• As a representative of our facility, I intend to conduct data validation tests to the State of Michigan RAI/MDS system.	
• I request a user account and password to conduct validation tests and ongoing data file submissions.	
• I understand that everything done under our user access code and password is recorded as being done by our facility and that we are responsible for these actions. We will hold all information obtained in connection with access to these computer systems in the strictest confidence.	
Facility Administrator Signature	Date

*Please return this signed form to:* Sheila Bonam, MDS Automation Coordinator, Dept. of Community Health, Bureau of Health Systems, Division of Nursing Home Monitoring, Cadillac Place, 3026 W. Grand Blvd.-Suite 11-150, Detroit, MI 48202. Phone: (313) 456-0309; Fax: (313) 456-0348